

MULTIPLE DEPENDENT CLAIM
FEE SCHEDULE SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525249

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
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49			/			
50			/			
TOTAL IND.			1			
TOTAL DEP.			72			
TOTAL CLAIMS			73			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						